

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application		
Last Name		First Name		Middle
Address	Number	Street	City	State Zip Code
Telephone Number			Social Security Number:	

How Did You Learn About Us?

- Business Associate
 Employment Agency
 Other: _____
 Friend
 Inquiry
 Relative
 Website: _____

Best time to contact you at home is: _____: _____ am /pm

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Do you know anyone that works here? Yes No
 If yes, state name and relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date of available work ___ / ___ / ___ What is your desired salary range? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

School	Name and Address of School	Course of Study	Year Graduated	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

Resume Attached:

- Yes No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Are you a member of any associations or clubs? Do you hold any volunteer positions?

SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED)

- Excel
- Word
- Medical Software: _____
- Other: _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)

Name	Phone Number	Best Time to Call	Title
1.			
2.			
3.			

CRIMINAL RECORD

Due to Federal Law we are required to check for criminal record prior to employment. This may or may not affect your employment with Reddy-Care Physical Therapy. Failure to provide truthful information on criminal record will make candidate ineligible for a position with Reddy-Care Physical Therapy.

Have you been convicted of a crime? Yes No

Have you been convicted of a criminal offense related to health care? Yes No

Are you listed as debarred, excluded, or otherwise ineligible for participation in Federal health care programs?
 Yes No

If yes, please describe below.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary at an employment decision

This application for employment shall be considered for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization

In the event of employment, I understand that false misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date